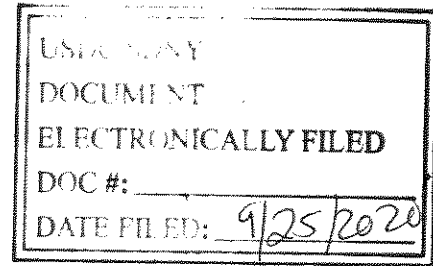


UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK



----- X
UNITED STATES OF AMERICA,

-v-

ERNESTO LOPEZ,

Defendant.
----- X

18cr00006 (DLC)

ORDER

DENISE COTE, District Judge:

On September 16, 2020, defendant Ernesto Lopez ("Lopez"), proceeding pro se, filed a motion to modify or reduce his sentence pursuant to 18 U.S.C. § 3582(c)(1)(A).¹ The September 16 petition requested that the Court appoint Lopez counsel to assist him in making a motion for compassionate release pursuant to § 3582. Lopez was represented by retained counsel at trial.

The Criminal Justice Act allows courts to furnish counsel to "any person financially unable to obtain adequate representation." 18 U.S.C. § 3006A(a). The form used by courts to determine eligibility for assigned counsel is the Form "CJA 23," entitled "Financial Affidavit." Accordingly, it is hereby

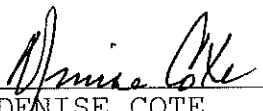
ORDERED that Lopez shall submit the attached Financial Affidavit by **October 30, 2020**.

¹ The September 16 petition was received and docketed by this Court on September 23.

IT IS FURTHER ORDERED that, if the Financial Affidavit is not submitted by October 30, the Government shall submit any opposition to Lopez's September 16 petition by **November 20, 2020**. Should the financial affidavit be submitted and adequately support appointment of counsel, a schedule will be set for appointed counsel's submission. The Government will be given an opportunity to respond to that submission.

SO ORDERED:

Dated: New York, New York
September 25, 2020



DENISE COTE
United States District Judge

SDNY
CJA 23
(Rev. 1/12)**FINANCIAL AFFIDAVIT**

IN SUPPORT OF REQUEST FOR ATTORNEY, EXPERT, OR OTHER SERVICES WITHOUT PAYMENT OF FEE

IN THE UNITED STATES ☐ DISTRICT COURT ☐ COURT OF APPEALS ☐ OTHER (Specify below)
IN THE CASE OF _____

FOR _____

AT _____

LOCATION NUMBER

PERSON REPRESENTED (Show your full name)

CHARGE/OFFENSE (describe if applicable & check box→)

☐ Felony☐ Misdemeanor

- 1 ☐ Defendant - Adult
 2 ☐ Defendant - Juvenile
 3 ☐ Appellant
 4 ☐ Probation Violator
 5 ☐ Supervised Release Violator
 5 ☐ Habeas Petitioner
 7 ☐ 2255 Petitioner
 8 ☐ Material Witness
 9 ☐ Other (Specify) _____

DOCKET NUMBERS

Magistrate Judge

District Court

Court of Appeals

ANSWERS TO QUESTIONS REGARDING ABILITY TO PAY

INCOME & ASSETS	EMPLOYMENT	Are you now employed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Self-Employed	
		Name and address of employer: _____	
		IF YES, how much do you earn per month? \$ _____	IF NO, give month and year of last employment? _____ How much did you earn per month? \$ _____
		If married, is your spouse employed? <input type="checkbox"/> Yes <input type="checkbox"/> No	
		If you are a minor under age 21, what is the approximate monthly income of your parent(s) or guardian(s)? \$ _____	
	OTHER INCOME	Have you received within the past 12 months any income from a business, profession or other form of self-employment, or in the form of rent payments, interest, dividends, retirement or annuity payments, or other sources? <input type="checkbox"/> Yes <input type="checkbox"/> No	
		RECEIVED	SOURCES
		IF YES, give the amount received and identify the sources \$ _____	_____
	CASH	Do you have any cash on hand or money in savings or checking accounts? <input type="checkbox"/> Yes <input type="checkbox"/> No IF YES, total amount? \$ _____	
	PROPERTY	Do you own any real estate, stocks, bonds, notes, automobiles, or other valuable property (excluding ordinary household furnishings and clothing)? <input type="checkbox"/> Yes <input type="checkbox"/> No	
		VALUE	DESCRIPTION
		IF YES, give value and description for each \$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
OBLIGATIONS & DEBTS	DEPENDENTS	MARITAL STATUS Single Married Widowed Separated or Divorced	Total No. of Dependents _____ _____ _____ _____
	DEBTS & MONTHLY BILLS (Rent, utilities, loans, charge accounts, etc.)	DESCRIPTION	TOTAL DEBT \$ _____ \$ _____ \$ _____ \$ _____
			MONTHLY PAYMENT \$ _____ \$ _____ \$ _____ \$ _____

I certify under penalty of perjury that the foregoing is true and correct.

SIGNATURE OF DEFENDANT
(OR PERSON REPRESENTED)

Date



APPROVED



DENIED

FD/CJA/RET. ATTORNEY

(PRINT)

ASSISTANT UNITED STATES ATTORNEY (PRINT)

SIGNATURE OF JUDICIAL OFFICER

DATE

Copy mailed to:
Ernesto Lopez (79719-054)
FMC ROCHESTER
FEDERAL MEDICAL CENTER
P.O. BOX 4000
ROCHESTER, MN 55903